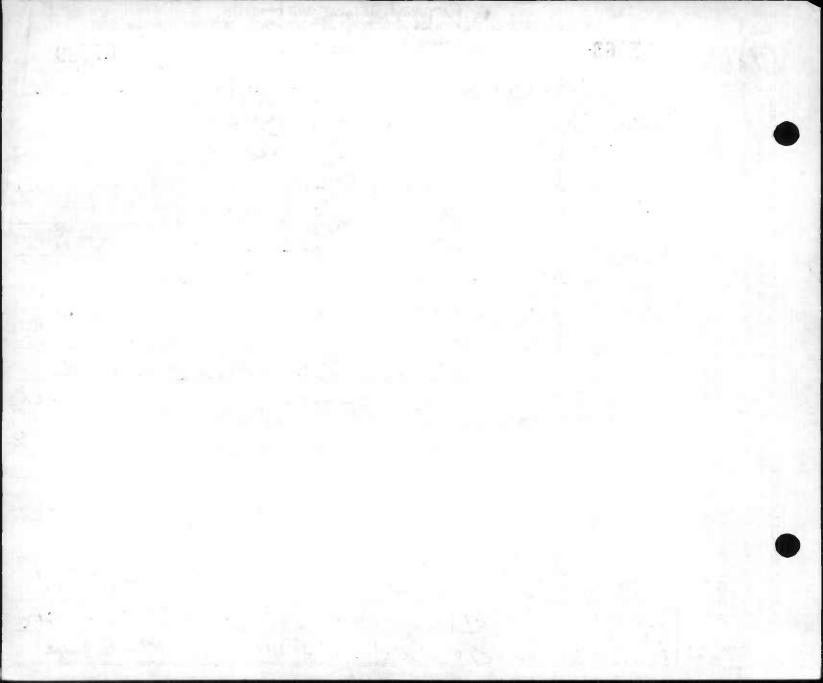
STATE H DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 tale the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office along with farm PM3. Page Land-2 with the State Department of delay is event within 72 haurs after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health or its designated agent, priar ta burial, crematian, ar remaval, and in any

> VR A15ME (5) 6M 1/66

1					
	07463	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07	439
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed		before odmission)
	O. COUNTY WORCES +		O. STAN ARY AN	d b. COUNTY WOR	cester
12	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give n	eorest town)
	kean City	MUYRORS	creav	City	231
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF A First	ı Middle \∧	. Lost 4 DATE	Month	
3.	DECEASED (Type or print) A COLE	Mildred A	Wersen death	MAy 12	Doy Year
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.		EAR IF UNDER 24 HRS.
L	1- W	NIDOWED DIVORCED	Dut 22 1887 1	79 yrs.	loys Hours Min.
	b. USUAL OCCUPATION (Give kind of work done	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign cour		EN OF WHAT
17	ring most of working life, even if retired)	INDUSTRY	Salisburge M.	(QUN	-SIA
13	FATHER NAME	. 1	14. MOTHER'S MAIDEN NAME	7	, ,
	R. Lee u	PAller	Edithix	OSA	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address Ocea	on City
(1	es, no, or unknown) (If yes give year pr dotes of ser	214-12-3780	MRS XOSA M. 16	Julok Dulok	md
F	1B. CAUSE OF DEATH (Enter only one couse p	er line for (a) (b) and (c))			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	CORONA	ly occlusion	Acrite	ONSET ANDYDEATH
1	4201 IMMEDIATE CAUSE (a) _	1	is a constant		1 WARE
	Conditions if any which gave	ASCUDIAN.	12 my ocasolia	1 J CEKela	W AL
	rise to immediate couse (a), DUE TO	17 0 00 17 00 17	77.00	0 00100	
	storing the underlying couse	1 1150 50	LICIPACI	/	1548265
	last. (c)	I NOUP			3/01/
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
E	2Do. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port I	I of item 1B.)	
ERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			, , , , , , , , , , , , , , , , , , ,	
		2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 2Df.	(City or town) (Count	ty) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19		ory, street, office bldg., etc.)	city of lowin) (count	y) (5101e)
	21. I certify that I taak charge at	the remains described above he	eld an Autapsy 🗍 . Inspection	Inquiry \(\pi\),	and in my apinian
	death resulted fram: _ Natural co			letermined manner	and in my apinion
	dediti resorted frame.	Accident , son	CHIEF MEDICAL EXAMINER		
	ACTUAL SIGNATURE	maind.	M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S	* * * * * * * * * * * * * * * * * * * *	DEPUTY MEDICAL EXAMINER	B- 11 A. 1	5 67
	NAME (Type)	175 Mg Car	Address (Street, city, town, or	county)	3/01
79	a. BURIAL, CREMATION, 23b. DATE THEREO	1/		ATION (City or Town) (Co	ounty) (State) /
Y	DEMONAL (Specify) 5/15	167 SUNSET Me	MORIA De	rem Wo	1 /110
2	4, FUNERAL DIRECTOR A DE	ADORESS	2So. REC'D BY REGISTRAL	R 2Sb. REGISTRAR'S SIGN	NATURE
1	STUNIA A DURG	ASE DERIN	LM cl DMAY 19 19	167 Polisiles	Judge



MARYLAND S	TATE DEPARTMENT	OF HEALTH	
DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET,	BALTIMORE, MARYLAND 212	01

FOR STATE		07464	MEDICAL EXAMINER'S	CERTIFICATE OF I	DEATH	DZAAD
IEALTH DEPT.		LACE OF DEATH		2. USUAL RESIDENCE (Where o. STATE	deceosed lived, if institution: b. COUNTY	1 /
3 to Poge		CITY OR TOWN (If outside corporate limits	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporote limits, write RURAL	Worces ter
ond PM3.		write RURAL and give nearest tawn		Soow	H;11	23.1
5 ~		. NAME OF HOSPITAL OR INSTITUTION (If no	t in haspital, give street address)	d. STREET ADDRESS	111. 8	e. IS RESIDENCE ON A FARM?
tate tate	3.	IAME OF Pire	st Middle a		DATE - Month	Doy Year
after death. If a Give Pages 1, along with farm with the State De		PECEASED Type or print)	011	Ashby	DEATH May	28 1967
after de 8. Give F glang with the h.	S.	Male Negro	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		UNDER 1 YEAR 1F UNDER 24 HRS. Lonths Doys Hours Min.
	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT
24 Fin It in It ler's O ser's		ng myst of working life, even if retired)	Mill Work	14. MOTHER'S-MAIDEN NAME	7.	U.S.A.
in pencil in Item in pencil in Item il Examiner's Office t. File pages I and 2 72 hours after ded	13.	FATHER'S NAME From + A	shby	14. MOTHER MAIN NAME	la Har	dy
executed winding" in particular and Medical Experient. Filmwithin 72 h		WAS DECEASED EVER IN U.S. ARMED FORCES? (In our pinknown) (If yes give wor or dotes of		OLENA L. A	shby 363	willow St.
		18. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY:	MUD	nau Ainil T	Stephon	INTERVAL BETWEEN ONSET AND DEATH
shauld be en ward "per a the Chief burial-transit		1MMEDIATE CAUSE (T :	nfatetin Heart	trince
the ward the ward ta the Cl burial-tr in any ev		Conditions, if ony, which gove nise to immediate cause (o),	(b)	percensive	Hear	10100
verificate writing the rwarded to seed as a seed or and irrord.		stoting the underlying couse	(c)	portensive Deseus	R	10,988.
- n	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
. 集 P P b	L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port	or Port II of item 18.)	
EXAMINER Cute the cer age 4 shou yaur files. Page 3 sha crematian,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
			of the remains described above, h		nspection , Inquiry	-
MEDICAL lease exe director. P etained fo DIRECTOR to burial,		death resulted fram: Natura	l causes Accident , Su	ricide , Hamicide), Undetermined mon MINER []	ner [_]
7		ACTUAL SIGNATURE	ind Kapy	M.D. ASSISTANT MEDICAL	. —	22. DATE SIGNED
D DEPUTY necessary, p the funeral may be re FUNERAL Health priar		EXAMINER'S NAME (Type)	DAVID RAFAT	DEPUTY MEDICAL EX Address (Street, city		
TO DEPL necessa the fun 5 may TO FUNE Health	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Secity) 6-3	REOF 67 COO Sprid	r CREMATORY	23 diocation (City or Town)	ee Wor Md.
VR A15ME (5)	24	UNERAL DIRECTOR	ADDRESS NEW C	nurch, Vapate N 2		TRAR'S SIGNATURE

3, 1 And the state of t Ses Willew at a se to the profit of the different services The second of th With the Bull to the Digital High the Comment of th The the state of t

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

	DIVISIO	N OF STATISTIC		YLAND STATE DE ARCH AND RECORD			MORE 1, MARYLAND
	0746	5		CERTIFICAT			07441
1.	PLACE OF DEATH	H					institution: Residence before admission)
		orcester		MARYLAND	a. STATE Mar	yland b. co	Worcester Workester
	b. CITY OR TOW	N (if outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give nearest town)
F	Rural-St	ockton		3 years		al-Pocomok	e City 23./
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_		Nursing H	ome		R.F	.D. 3	YES X NO
3.	NAME OF DECEASED (Type or print)	LINC	rst CIE	Middle ELLA I	Last BARNES	OF	onth Day Year 1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	rs IF UNDER 1 YEAR IF UNDER 24 HRS.
_	'emale	White	WIDOWED				
H	ousewif		done 10b. Ki	IND OF BUSINESS OR NDUSTRY	Wirginia	County,	ntry) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAID		
	illiam				Mary Wes		
15 (Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)		INFORMANT		tress
	No				rs Robert N	ortnam, Po	comoke, Md.
ì	0.000	TATH WAS CAUSED BY A IMMEDIATE CAUSE		ine for (a), (b), and (c).]	VASCUL	AR ACCI	OEM ONSET AND DEATH
	3317	DUE	ТО				3
	Cenditions, If		(b) B	RTHRIOSC	LEROSIS		15 yks
	cause (a), st	tating the DUE	то				THE SECTION OF
N	Underlying caus		(c)	ITING TO DEATH BUT NOT REL	ATEN TO THE TED MINAL P	ISEASE COMDITION CIVEN	IN PART 1(a) 19. WAS AUTOPSY
ATIC				T		ISEASE CONDITION GIVEN	PERFORMED?
LEIC	20a. ACCIDENT	Y LOSEN WAS UNDERLYING TI	JOIN 1 20b. D		URRED. (Enter nature of	inlury in Part 1 or Part I	YES NO
CERTIF	OR CONTRIBUTI	NG CAUSE OF DEA					
MEDICAL	Hour a.n		Year 20d. II While at work	Not While fact	ACE OF INJURY (Home, fai ory, street, office bldg., et	rm, 20f. (City or town)) (County) (State)
Σ	21 certif			ed the deceased from	MAY 14 10	Les to Muses	20, 1962, that (I) (we) last
		ceased alive on	194 /		at death occurred at	M. from the caus	es and on the date stated above.
	22a. SIGNATUR	E	1				22b. DATE SIGNED
	1 Oliv	Mh of	a /ha	M.	D. PHYS.	MED. STAFF PHYS. [5/21/67
	120 PHYSICIA NAME (T)		- 0	1. A mase	22d. ADDRESS	rulla L	And I
2 3 a	BURIAL, CREM	IATION. 23b. DATE	THEREOF	23c. NAME OF CEMETER	NO NO NEW MARKEY	23d. LOCATION (City	town or county) (State)
230	REMOVAL (Spe	5-22-		Nelson Cemer			
24	. FUNERAL DIRE		701	ADDRESS		Rural-Poc	DECISTDADIS SIGNATURE
	Topleel	Wars	the Po	comoke City	I BAAY	2 9 1967	Climber Judge

reply Walsus Robert H. Watson

was the contract the solution will be a solution of the contract the c CEREBINAL VASCULAR PEGIDENT L-DIVIS 13 2508 1030 1680 813 15 4:00 AMERICAN TOINTS - LONG EXTRANGIES (2) ochen lef hi will la Li wall OctuA Interne X Survey 100 THE DECK SO TO THE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tingeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	a. STATE The man and b. COUNTY Who me	idence before admission)				
	Worchester MARYLAND	Mary Land Wor					
	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporete limits, write RURAL an	nd give nearest town)				
	Bishopville	Bishopville	23-1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Home Res.	Home Res.	YES NO				
3.	NAME OF First Middle	Last 4. DATE Month	Day Year				
	(Type of print)	nting DEATH 5- 23	19 67				
5.	7. MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1) 9-1-1896 7 dest birthday) Months Di	ays Hours Min.				
	MIDOWED DIVORCED	yrs.					
10 du	a. USUAL OCCUPATION (Give kind of work done look. KIND OF BUSINESS OR ling most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITI	NTRY?				
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Levi Bunting	Anna Bunting					
1!	WISCOND THE WILL OF THE PROPERTY LAC SOCIET OF THE PROPERTY LAC	INFORMANT Address	1111				
a	ses, no, or unkown) (If yes give war or dates of service) (es	Eva L. Bunting, Bishopville	,Md.				
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 1 / .	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Murrear dr a	I Interction	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) // Cayo Caro Company						
	Conditions is any which i						
	gave rise to immediate						
	cause (a), stating the DUE TO						
NO	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' 19. WAS AUTO						
ICATI			PERFORMED? YES NO				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)					
	20c. TIME OF INIURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Count	ty) (State)				
MEDICAL	While Not while	ory, street, office bldg., etc.)					
Σ	p.m. 19 at work at work 21. certify that () (this hospital) attended the deceased from	4/26/ 1967 to 5/13/ 196	7 that (I) (we) last				
	saw the deceased alive on 19 , and that	t death occurred at J CLM, from the causes and on the					
	22a. SIGNATURE		TE SIGNED				
	M.C.	D. ATTENDING MED. STAFF DIRECTOR PHYS.					
	22c. PHYSICIAN'S	22d. ADDRESS					
	NAME (Type)						
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or coun					
	Buria 5-26-67 Oddfellows	Cemetery Bishopville	Md.				
2	4. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S					
	Ground a Milson hortford	Led DATEUN 2.7 1967 Scharles	judge				
-			(/ — V — — —				

WEAT LONG THE THERE IN the Bushinson

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

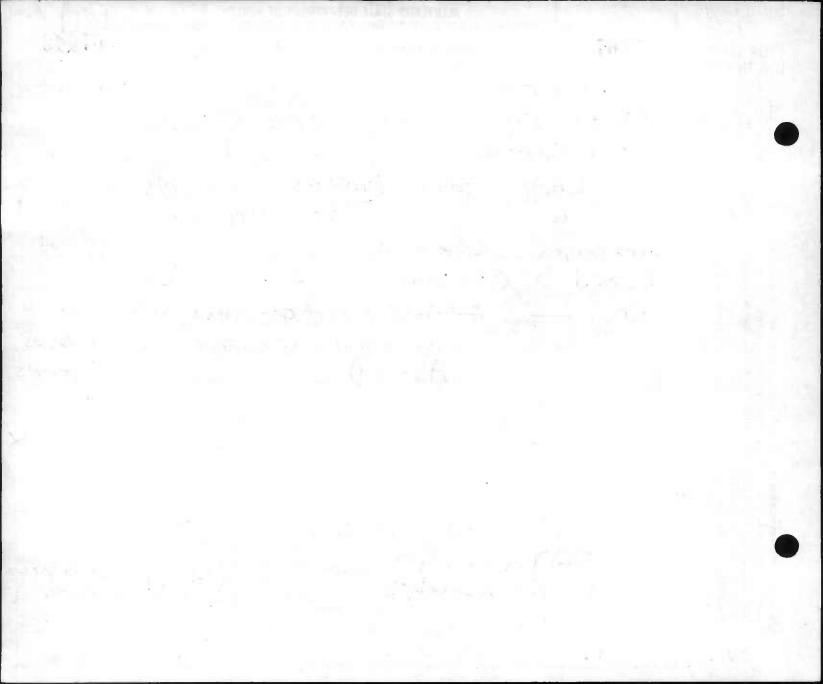
				-7	
F	OR	S	T	ATI	E
E	AL	TH		E	T
amy delay is	, 2, and 3 to	n PM3. Page		epartment of	arren death.
after death. If	8. Give Pages 1	along with farn	I	DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State (epartment of	within 72 hour
hours	Item]	Office		long	/ event
within 24	pencil in	xaminer's		ile poges	und in any
be executed	"pending" in	ief Medical E		nsit permit. I	or removal, a
ote should	g the word	d to the Ch		o buriol-tro	cremotion, o
certific	, writing	forworde		used os	burial,
ER: This	ertificote	ould be t	S.	ad bluor	prior to
XAMINE	ute the c	ge 4 shc	your file	Page 3 st	d agent,
MEDICAL E	leose execu	director. Pa	tained for	DIRECTOR:	designate

necessary, ple the funerol dii 5 moy be reto TO FUNERAL DI Health or its

07467	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	ATH .	01442
o. COUNTY WORCES	ER MARYLAND	2. USUAL RESIDENCE (Where dece	osed lived, if institution: Reside	ham Pto X
b. CITY OR TOWN (If outside corporate water than and give nearest town	ty Iday		rote limits, write RURAL and gi	83-3
	(If Not in hospital, give street address) HMORE AVE	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) ARC	First Edua Cha	PMAN 4. DATE OF DEAT	1111	27 1967
SEX 6. COLOR OR RAD	F 7. MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH SONE 9, 1899	9. AGE (In yeors IF UNDER last birthdoy) Months Yrs.	P 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
Do. USUAL OCCUPATION (Give kind of work uring most of working life, even if retired)	done IDb. KIND OF BUSINESS OR SINDUSTRY POWS	11. BIRTHPLACE (State or foreign VIRGINIA	17	OWNERY?
COORD 5.	ChAPMAN	14. MOTHER'S MAJDEN NAME Addie	MEARS	
S. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no or unknown) (If yes give wor or d	lates of service)	INFORMANT ISS HISELA HARRI	SON RICAGE	charles, UA
18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE C	DUE TO ASCUL	al INFARCTO	ON	interval between 1245 AND DEATH
rise to immediate couse (o), stoting the underlying couse lost.	(b)			
PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or P	ort II of item 18.)	
2Dc. TIME OF INJURY Month, Doy, Ye Hour o.m. p.m.		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(City or town) (Co	ounty) (State)
	horge of the remains described obove, hoturol causes Accident, Su	icide 🔲, Homicide 🔲,	Undetermined monner	ond in my opinion
ACTUAL SIGNATURE EXAMINER'S	mound to	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE	INER ER	MAY 27.67
	TE THEREOF 23C. NAME OF CEMETERY OF		hzgr county (VI) — (c) LOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR	Burbare BORESS : X	2So VREC'D BY REGIS	and the same of th	SIGNATURE

VR A15ME (5) 6M 1/66

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ATE		07400	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07443
DEPT.		ACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if in:	
jo l	0.	Worces-	er MARYLAND	o. STATE Maryland b.	COUNTY Worcester
State Department of	b.	CITY OR TOWN (If autside carparate limits, write RUCAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write	RURAL and give nearest tawn)
		2 tock ton		Stockton	23 - Is presidente
00	a.	NAME OF HOSPITAL OR INSTITUTION (If not in h	naspital, give street address)	d. STREET ADDRESS P. O. Box 153	e IS RESIDENCE ON A FARM?
3	. NA	IME OF A First 1	Middle		YES NO ► Manth Day Year
	DE	CEASED (Pe or print)	IV [Douglas DEATH M	av 15 1967
5.	SE	6. COLOR OR RACE 7. A		8. DATE OF BIRTH 9. AGE (In year	
5	L	010 11090	IDOWED DIVORCED	Sept, 2,1802 82 4	rs.
10 de		SUAL OCCUPATION (Give kind at wark dane plast of working life, even if retired)	10b. KIND OF BUSINESS OR INDU STRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
offer deo	13 F	Laborer ATHER'S NAME	tarm	14. MOTHER'S MAIDEN NAME	U, 3,H,
72 hours after dea		Tomes I	Douglas	Sarah	
	15. V	VAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address, 1 1 00 1
	(Tes,	na, ar unknawn) (If yes give war ar dates af serv	220-52-7964 E	Isie Douglas	Stock ton, Md.
N T		 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: 	r line far (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
any event within		420/ IMMEDIATE CAUSE (a) DUE TO	Tyoca	raid Infarciin	Minules
ony		anditions, if any, which gave) (b)	asterios	rdial Infarchin clerate Heart	Processe years
and in		ise to immediate cause (a), DUE TO			
		nst. (c)			
2	5	()	ibuting to death but not related to	THE TERMINAL DISEASE CONDITION GIVEN IN PART 110	PERFORMED?
Z CEPTIFICATION	5	20a. EXTERNAL CAUSE WAS		(Enter nature of injury in Part I or Part II of item 18	YES NO K
		PRIMARY 🗀 or CONTRIBUTING 🗆 CAUSE OF DEATH.		(2.00	,
MEDICAL	Tal a	Oc. TIME OF INJURY Manth, Day, Year Haur a.m.		CE OF INJURY (Hame, farm, 20f. (City or taw	n) (Caunty) (State)
MA	ME	p.m. 19	at wark 🔲 at wark	tary, street, affice bldg., etc.)	
		21. I certify that I taok charge of	,		Inquiry and in my opinio
7		death resulted fram: Natural ca	uses Accident, Suic	cide, Hamicide, Undetermined	d manner
		ACTUAL David	Kenr	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
2		EXAMINER'S	DAVEAGE	DEPUTY MEDICAL EXAMINER	dim/17
	-	NAME (Type)	KY LH.	Address (Street, city, tawn, or county)	3/14/01
2		BURIAL, (REMATION, REMOVAL (Specify) 5- 20-	10 1 A		or Tawn) (County) (State)
18	24.	UNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR 2St	REGISTRAR'S SIGNATURE
	1	1 ()	0 1 01	MAY 1 9 4000	001. # 0

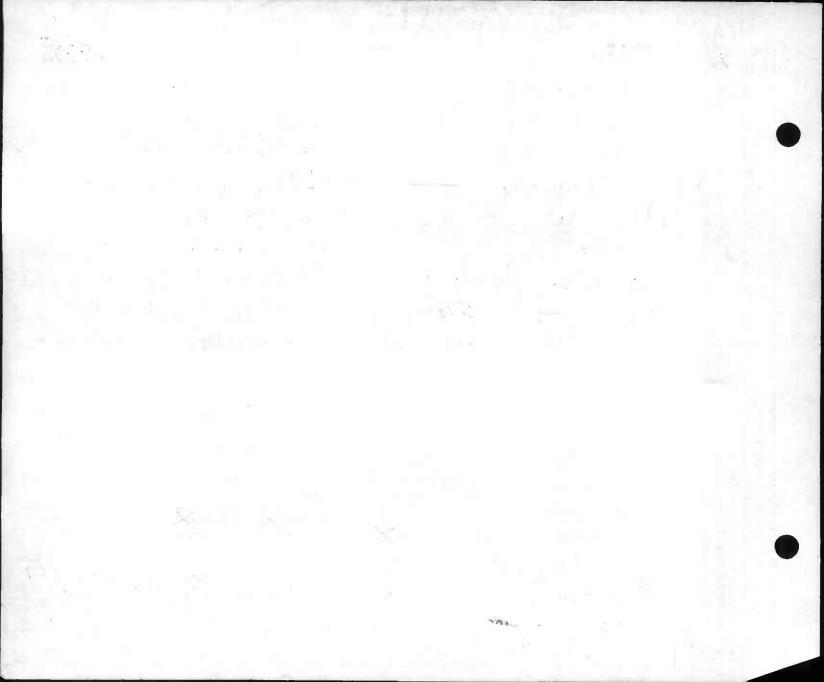
20270 TALLS! War acceptant with a filt y land - Nuraesty 1 2 2 2 mg C 4 Light Address I to Bendon I to the More I to the Muse Negro and Association Labord Transfer Control of the Contr James Duglas Sural, ? No The Deep 194/ 1/5/6 Douglas Thee les Mil comment of the second s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

i di			07469	CERTIFICATE	OF DEATH	רים	BBB
er death		(COUNTY Worcestee	Stocktownaryland	2. USUAL RESIDENCE (Where do o. STATE)	leceosed lived, if institution: Residence be b. COUNTY	role domission)
that the death certificate be executed within 24 hours after an. by the attending physician and campletely filled in by the transit permit. Then please remove tarban papers. Pages crematian, ar remayal, and in any eyeat, within 72 haurs after	1		o. CITY OR TOWN (If outside corporate limit write RURAY and give places town)	rvio	Blogo	proporate limits, write RURAL and give near	3
filled in I papers.	30		I. NAME OF HOSPITAL OR INSTITUTION (IF IN	ing Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
ed within			DECEASED Type or print)	ist Amaried Meyer Married Never Married	Pladding 4. D. B. DATE OF BIRTH		oy Year — 1967 R I IF UNDER 24 HRS
and cample of any eyer		9	USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED	May 4 188	last birtiday) Months Days	Hours Min.
physician of en please aval, and		duri	ng most of working life, even if retired	INDUSTRY	Blogosce 14. MOTHER'S MAIDEN NAME	OPINTR	36.
th certifi ling phy Then remaval			Thomas Re WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Pricella	Somers	
attending permit. The			s, no, or unknown) (If yes give wor or dotes o	of service) 230-01-3203 (drian Hade	ling Hetow	V CI
			18. CAUSE OF DEATH (Enter only one coupers in Death was caused by: MMEDIATE CAUSE DUE	(o) Pulmon	navy Emb		ONSET AND DEATH
			Conditions, if ony, which gove nise to immediate cause (o),	(b)			
tending ts been as the priar to			lost.	(c)	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
or att are ha ate ha ir use ealth p	3	IFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.			PERFORMED? YES NO
S PHYSICIA the hospital this certific detached fa		Œ	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor			20f. (City or town) (County)	(State)
by the officer this be deta		MEDICAL	Hour o.m. p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)	200	7
= = = = = = = = = = = = = = = = = = = =				spital) ottended the deceased fram	t death occurred ot		
			22c. PHYSICIAN'S	C Papy M.C	D. ATTENDING MED. DIRECT	STAFF C	123/67
SPI 4 r		230	NAME (Type) BURIAL CREMATION. 23b. DATE TH	EREOF 23C. NAME OF CEMETERY OR	Snow CREMATORY 23	d. LOCATION (City or Town) (Cour	nty) (State)
		_	REMOVAL (Specify) 5-2. FUNERAL DIRECTOR	3-67 Garksley	2So. REC'D BY RE	Parkely,	Vo
VR A15 (4) 25M 1/67		1	(Pale mass)	Auch (Hanh, Dan)	. Va DATGALAV O	a sacre officiale.	0.100

Y A Madella L Justine.

Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. HEALTH USUAL RESIDENCE (Where deceased lived PLACE OF DEATH a. STATE a. COUNTY NoRcester delay is 3 to P.M.3. Page 0 after death Deportment c. LENGTH QF STAY IN 1b write RURAL and give nearest (If outside corporate limits. ond rite RURAL and give nearest tawn IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? in Item 18. Give Pages 1, Office along with form Mot NO YES e-State 24 hours ofter deoth. NAME OF Middle DATE Year Day bir 72 DECEASED OF 196 (Type or print) DEATH AGE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIT birthday) Manths Days Haurs DIVORCED WIDOWED lond 2 event BIRTHPUACE (State ar fareign country 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1Da. USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired)
Painter COUNTRY? INDUSTRY Washington, D. poges I forwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME This certificate should be executed within in pencil 13. FATHER'S NAME File ond 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, po, pr unknown) yes give war ar dates af service or removal. PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (a) please execute the certificate, writing the word buriol, cremation, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 0 OS last. used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Ethylism, acute X NO pe its designated agent, prior to 4 should be 20g EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Ethylism, Acute. Blood alcohol 0.42 3 should PRIMARY ar CONTRIBUTING DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH unconscious and while asleep or choked MEDICAL 2De. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 2Dc. TIME OF INJURY Manth, Day, Year factory street, office bldg., etc.) Haur a.m. VOUL Nat While Word FUNERAL DIRECTOR: Page at wark Poge at wark Inspection X 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my opinian for the funeral director. Natural causes Accident X Undetermined manner death resulted from: Suicide Homicide be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNERAL Heofth or i necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) Burial 5-31-1967 Washington National Suitland Maryland 24. FUNERAL DIRECTORRobert 2Sa, REC'D BY REGISTRAR E. Wilhelm Funeral Home 2Sb. REGISTRAR'S SIGNATURE 1967 VR A15ME 4308 Suitland Rd Suitland Maryland 6M 1/66



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLANI
OM F M 4	OFFICIOATE OF DEATH	on seed on an

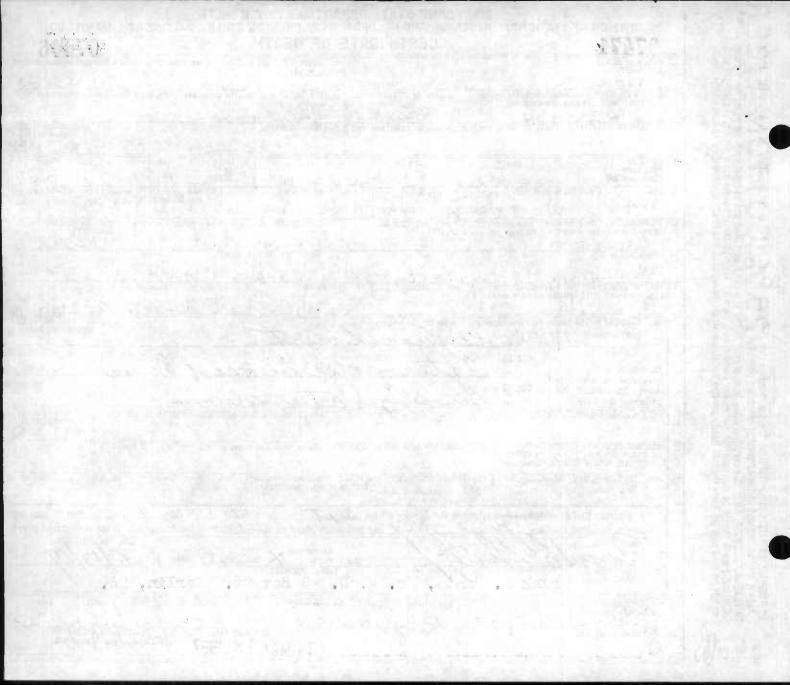
ULKIIFIGA	IE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY WORCESTER MARYLAND	a. STATE b. COUNTY ORC STEE
b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1	
write RURAL and give nearest town)	G. CITT ON TOWN (III dutiside composate illinits, write nouve and give meanest town)
SERLIN ISYR	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	s) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	JEFFERSON ST YES NO DE
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF (/
(Type or print) SEVERN J.	77.1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
WIDDWED DIVORCED	UCT, 10, 1880 86 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
GTIZE D	DELAWARE USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AND A HUBERON	Rose Ma Care
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(Yes, no, or unkown) (If yes hive war or dates of service)	A DIL A M
NU NO	IR, WILLIAM S' HUDSON DERLIN TO
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardiae C	(nest
11200	4 0
Conditions, if any, which	elevation Haust Wasses
gave rise to immediate	A THE REAL PROPERTY OF THE PARTY OF THE PART
cause (a), stating the DUE TO	a the said
underlying cause last. (c) Service (c)	FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I fam. 4 While Not While at work 19 at wor	PERFORMED?
201	YES NO X
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ctory, street, office bldg., etc.)
	5 + 10/7 to 2000 1/ 10/17 that (1) (wa) loot
21. I certify that (I) (this heapital) attended the deceased from.	5 1967, to May //, 1967, that (1) (we) last
saw the deceased alive on May 19 6, and t	hat death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	M.D. ATTENDING MED. DIRECTOR PHYS. B 13/67
22c. PHYSICIAN'S NAME (Type) Frank E. Gantz, Jr. M.	D. 5 Bay St. Berlin. Md.
MANNE (1996) Frank E. Gantz, Jr. M.	D. 5 Bay St. Berlin, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR OREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 51,5 6.7 BUCKIN	GERLIN WOR 10
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Duckas Bul	MAY 18 1967 Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the five carbon papers. Pages 1 event, within 72 hours after Worcester Marvland Worcester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b Pocomoke City 10 months Berlin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS ON A FARM? Berlin Nursing Home 405 Laurel Street YES NOT within NAME OF DATE Month Year First Middle Last DECEASED remove carb remove carb n any event, v REBECCA LEE 67 May (Type or print) JOYNES DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH last birthday) | Months | Days Hours | Female White WIDOWEO KX DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician and please reval, and in .= orthampton County, COUNTRY? Housewife Virginia 14. MOTHER'S MAIDEN NAME certificate 13. FATHER'S NAME removal, George W. West Virginia Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(if yes give war or dates of service) death Mrs Willis E. Boole. Pocomoke City.Md cremation. none the a INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ò PART I, DEATH WAS CAUSED BY: by the hospital or attending physician. MMEDIATE CAUSE (a) signed DUE TO 2 weeks Cenditions, If any, which peen gave rise to immediate the DUE TO or this certificate has been detached for use as the steep to the alth prior to cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES T NO T 20a. ACCIOENT WAS UNCERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1i of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After While ATTENDING be at work p.m. at work retained the S 21. I certify that (1) (this hospital) attended the deceased from True 2 -DIRECTOR: age 3 should lifed with the 1967, and that death occurred at 57° M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO FUNERAL DI. DIRECTOR PHYS. M.D. PHYS. Page 4 may 22c. PHYSICIAN'S 22d. AODRESS director, p NAME (Type) Charles T, aw 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 2 Marionville -16-1967 Redbank Cemetery Virginia 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I FUNERAL DIRECTOR Pocomoke City. o MEA VR A15 (4) Md. 20M 1/65 Watson Robert

TET (allowed) Petron VIII A COLUMN TO THE PARTY OF THE PA Stranger William Co. A Committee of the Comm

FOR STATE HEALTH DEPT.

in pencil in Item 18. Give Pages 1, 2,

This certificate should be executed within 24 hours after death.

L'AL EXAMINER:

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

2 with the State Department of Bealth ar its designated agent, priar ta burial, crematian, ar remaval, and in any event Within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07473	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	TH	U7448
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	b. COUNTY	
b. CITY OR TOWN (If autside corporote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (N outside corpor	ote limits, write RURAL and gi	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street oddress)	d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Helen	Middle	VibleTT 4. DATE OF DEATH	Month May	Doy Year 3 1967
	NEVER MARRIED DIVORCED DIVORCED	Mar 21 1805	9. AGE (In yeors lost birthdoy) Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY Own Home	Baltimore Ma	ountry) 12. (ITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thomas McCord 15. WAS DECEASED EVER IN U.S. ARMED FORCES?		Ida Funk	Address	
(Yes, no. or nknown) (If yes give wor or dotes of serv	ice	rnest C. Niblett	Girdletree,	Maryland
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c).)	onary Euro	Thism	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove isse to immediate couse (a), DUE TO	Thro	m bophlebi	tu	1 WK.
stoting the underlying couse (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(0) Heal & Des	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port 1 or Po	rt II of item 18.)	
2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(City or town) (Co	Ounty) (Stote)
21. I certify that I took charge of	the remains described above, h	eld an Autapsy 🔲, 🛮 Inspect	ion 🛛 Inquiry 🔀	and in my opinion
deoth resulted from: Natural co	uses 🔀 Accident 🔲, Su		Indetermined monner	
ACTUAL SIGNATURE Da VO	y fapr			22. DATE SIGNED
EXAMINER'S NAME (Type)	D RAFA	DEPUTY MEDICAL EXAMINER Address (Street, city, town,		5-3-67
23o. BURIAL, (REMATION, REMOVAL (Specify) 5-6-1967	23c. NAME OF CEMETERY OF Meadowridge		OCATION (City or Town)	(County) (Stote) Maryland
24. FUNERAL DIRECTOR	ADDRESS 901-07 Eastern A	2So. REC'D BY REGIST	RAR 2Sb. REGISTRAR'S	

VR A15ME (5)

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bondwarf , wiesdoweridge Geschwick Fare Howard Chwerty, Harriand

tilly a fatter Ton. 1901-07 Eastern ave. . While the Total Confusion and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HPALTH OFPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE क्री हैं WORCESTER MARYLAND MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, is necess c. LENGTH OF STAY IN 16 Departme director write RURAL and give nearest town) POCOMOKE CTTY MARKET retained for your WEEKS POCOMOKE CITY death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral xaminer's Office along with form PM3. Page 5 may be retained foused as a burial-transit permit. File pages 1 and 2 with the State D after YES NO 3. NAME OF First Middle Last 4. DATE Dev Year Month DECEASED with the S OF (Type or print) DEATH ORVILLE EDWARD PACE 21 19 67 MAY may b and 2 with SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months MALE WIDOWED | DIVORCED 35 NOV. 1.1931 YIS. hours after 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) done during most of working life, even if retired) U.S.A. TECHNICIAN CRAWFORD. NEBRASKA in any event 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAMES O. PACE ROSELLE GALLIGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) and MRS. ORVILLE PRINCESS PACE ANNE, MD. This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH or remova PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which cremation, geve rise to immediate cause Medical Examiner's should be used as a DUE TO (e), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS **EXAMINER:** PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour e.m. et work et work p.m. Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion MEDICAL death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county REMOVAL (Specify) BURIAL MOUNTVIEW MONTAN 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME PRINCESS ANNE. MD. LEVIN R. WILSON 5M 1/63

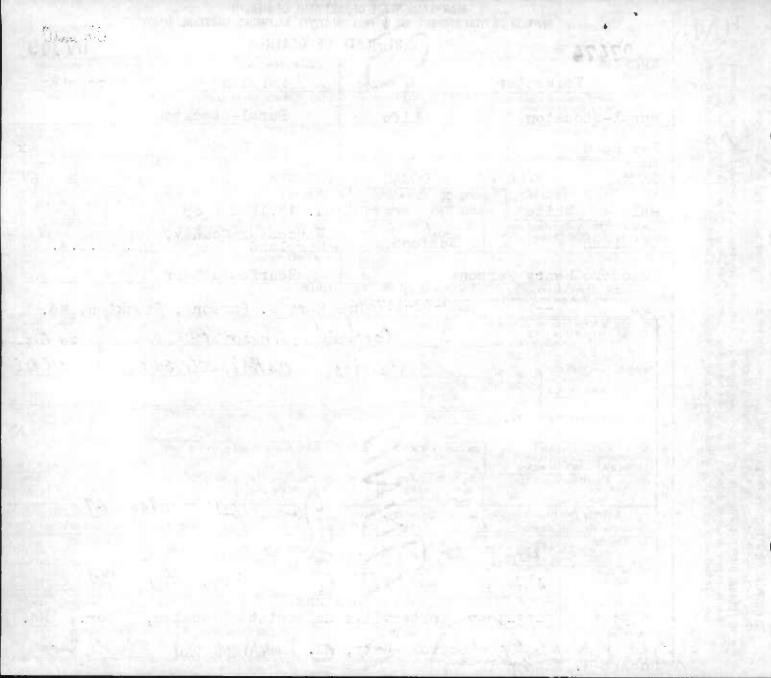
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. gnd TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers: Pages 1 and

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0747	74		C	ERTIFICAT	E OF	DEATH					0744	9
1.	PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: o. STATE b. COUNTY							n)	
	Worcester				MARYLAND	1	Maryland Worces						
	b. CITY OR TOWN (If outside corporate limits, c. LEN			c. LENGTH	OF STAY IN 1b	c. CITY	OR TOWN (If or	,			ond give ne	orest town)	
	write RURAL ond give neorest town) Rural-Stockton			L:	ife		Rura	al-S	tockt	on	2	3.1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STR	ET ADDRESS					e. IS RESID ON A FA	ENCE RM2
	Bay Road					Bay Road							NO K
3.	NAME OF DECEASED (Type or print)	WILI	irst IAM		iddle CAR	PAI	Lost	4. DAT		Month May		Doy Yea 22 19	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER	MARRIED	B. DATE	OF BIRTH		9. AGE (In		FUNDER 1 YEA		With the Party of
	Male	White	WIDOWED		DIVORCED	Jan.	13,18	382	85bir	yrs.	Aonths Do	ys Hours	Min.
dui	Waterma	I (Give kind of work done life, even if retired) N		ND OF BUSIN DUSTRY Seafo		Ma	THPLACE (County proest of arylan (1	r foreign coun ounty	try)	12. CITIZEN COUNTI		
1	3. FATHER'S NAME					14. M	THER'S MAIDEN	NAME					
	Theodore Henry Parsons Henrietta Tarr												
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address												
(1)	NO UNKNOWN)	(if yes give wor or doles	or service) 22	20-32-	-1176 _{Mr}	s Ma	ary A.	Par	sons.	Sto	ckton	. Md.	
	1B. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for	(o), (b), ond	(c).) Carel	red	-		bosis			ONSET AND DI	
	332X DUE TO O CA O MO CONTRACTOR III								110	4.0			
	Conditions, if ony, which gove (b) Corefral attacio sclensis.									The	XSV		
	stoting the unde		(c)	ALV.				`					
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE CO	NDITION (GIVEN IN PAR	T 1(a)		19. WAS AUTO PERFORME YES	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW	INJURY OCCURRED	. (Enter no	ture of injury in	Port I or	Port II of iter	m 1B.)			
MEDICAL	20c. TIME OF INJU- Hour o.i	10	20d. II While of wor		hile fo		URY (Home, farr , office bldg., etc.		of. (City or	town)	(County	(!	Stote)
	4	fy that (I) (this hoseceased alive on_	spital) atten	ded the de		at death	occurred at	19.GL	to M, from	causes an	1, 19 <i>6</i> 7, d on the	that (I) (v	we) las above
	220. SIGNATURE Payed Raty W. M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED												
	22c. PHYSICIAN'S NAME (Type		riò	RA	FAT		I. ADDRESS	≤nc	w t	tell,	Mel.		
23	o. BURIAL, CREMATIC REMOVAL (Specify BUT1AL)	DN, 23b. DATE TH			erville				tocation (on,	Wor	., M	d.
2	TOWERAL DIRECTO	It Weeks	m Po		e City,	Md.	2So. REC	11/ -	SISTRAR 9 1961	4.00	Clarle		e.
	Robert	H. Watson				-				U		0 0	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07476 death the funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) de de o. COUNTY orcester o. STATE Maryland b. COUNTY Worcester ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after within 72 hours after MARYLAND by the f Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled S. Washington St. S. Washington St. YES NO K pau 3. NAME OF First Middle Lost 4. DATE Month Year campletely DECEASED GEORGE E. SHOCKLEY 1967 May (Type or print) DEATH S SEX 6. COLOR OR RACE IF UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** B. remove last birthdoy) Months Hours any July 6. Male White 1902 DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done -10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired)
Foreman State COUNTRY? and Worcester. Md. Roads Comm. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM ar removal, Robert Shockley Dollie Hancock attending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Snow HIll permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 3-112-211 Mrs. Myrtle D. Shockley. No Md. crematian, signed by the c burial-transit p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH errebra IMMEDIATE CAUSE (o) 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. 332X DUF TO Generalizad arteriosclerosis Conditions, if ony, which gove 4122 rise to immediate couse (a), DUE TO far use as the l Health priar ta b stoting the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) be de ot work ot work 19 6 7 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 19 6 3 to with the 19 67, and that death accurred at 12:15 M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 5-5-6 director, page 3 M.D PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) John T. Bulkelev Pine Bluff Rd. Salisbury, Md. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1967 Whatcoat Methodist | Snow ADDRESS | 250. REC'D BY REGISTRAR Snow Maryland 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DMAY 9 Hill Snow Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

074	77	MEDICAL EXAMINER	'S CERTIFICATE O	F DEATH	07452					
1. PLACE OF DEAT	TH			Where deceosed lived, if institution						
Wor	cester	MARYLAND	o. STATE Maryl	and b. coun	Vorcester					
b. CITY OR TOW	N (If outside corporate limits, ond give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporate limits, write RUR	AL and give nearest town)					
Rural	Pocomoke			, Pocomoke	73-1					
d. NAME OF HO	SPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES R NO					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	n Doy Year					
(Type or print)	Carbie	E.	Smack	DEATH May	15. 1967					
S. SEX	6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male	MILLIA	VIDOWED DIVORCED 🗜		7.3 yrs.						
	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	3 //	12. CITIZEN OF WHAT COUNTRY?					
Farmer		Truck		r Co., Md.	USA					
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN I	NAME						
	se Smack	1	Mary B							
	EVER IN U.S. ARMED FORCES? vn) ((If yes give wor or dotes of serv	vice)	7. INFORMANT	520 性。						
No			Dorothy Ben	nett, Salish						
	F DEATH (Enter only one couse pe DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).)	The	inna Praci	INTERVAL BETWEEN ONSET AND DEATH					
42	IMMEDIATE CAUSE (o) _	COSON	ary mic	211 CC 5/1	Hinules					
	ony, which gove) (b)	arte	rio celevote	Hear 1	+ diens.					
rise to immed	diote cause (o),		771:		y cucs.					
lost.	nderlying cause (c)_		Dise	ase						
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?									
ATIC		acoholism			YES NO					
CAUSE OF DEAT	CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II af item 18.)						
20c. TIME OF Hour	INJURY Month, Day, Yeor o.m. p.m. 19		PLACE OF INJURY (Home, form factory, street, office bldg., etc.)		(Caunty) (State)					
21. I cei	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry and in my opinion									
	deoth resulted from: Notural couses Accident , Suicide , Hamicide , Undefermined monner									
	CHIEF MEDICAL EXAMINER									
SIGNATURE	Jano	V (el)	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED					
EXAMINER'S NAME (Type)	DAVIT	RAFAT		AL EXAMINER (X) t, city, town, or county)	5-16-67					
230. BURIAL, CREM	ATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)					
Buria Spe		/67 Salem M	eth.	Pocomoke	Maryland					
24. FUNERAL DIPE	CHOR .	ADDRESS	AAA		GISTRAR'S SIGNATURE					
Mohney	as Il Wensoner	Snow Hill. Ma:	AMINA DATEMA	Y 18 1967 R	Charles Judge					

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 y Health ar its designated agent, prior to burial, crematian, ar remaval, and in any events. VR A15ME (5)

FOR STATE HEALTH DEP

any delay is

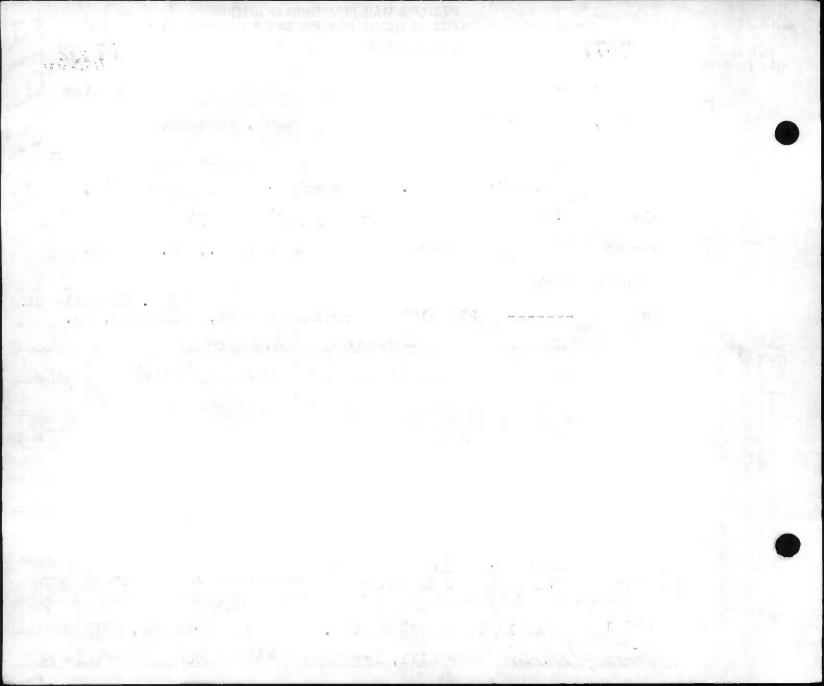
in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

with the State Department of within 72/haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence become demission) PLACE DF DEATH a. COUNTY b. COUNTY a. STATE after the MARYLAND Pages aft CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à write RURAL and give nearest town hours bon papers. Pag within 72 hours = K-ton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES death certificate be executed within completely carbon NAME DF DECEASED First Middie DATE Month Day DF DEATH event, (Type or print) 19 an and com 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years AFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED 8. NEVER MARRIED WIDOWED X 1Da. USUAL OCCUPATION (Give kind of work done) attending physician rmit. Then pleate 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) COUNTRY, FATHER'S NAME MOTHER'S remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address 17. Ro permit. 10 of unkown) (If yes give war or dates of service) cremation, signed by the a CAUSE DF DEATH [Enter only one cause per line INTERVAL BETWEEN requires that the ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. burial-tr DUE TO Conditions, If any, which (b) TO FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the b should be filed with the State Dept. of Health prior to b rise to immediate DUE TO (a). stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? CERTIFICATI NO X YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL | 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at A. M., from the causes and on the date stated above. saw the deceased alive 22a, SIGNATURE 22b. DATE/SIGNED ATTENDING PHYS. MED. STAFF M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRE NAME (Type 23b. DATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23c 23d REMOVAL, (Specify) FUNERAL DIRECTOR VR A15 (4) 14. 15M 4-64

E TAMES CONTRACTOR OF THE STATE Line of the state HILLIAN TO THE STATE OF THE STA CT CESTANDS CLAIM WITH PROPERTY RESERVED the selection of the desired was the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Page 4 may be retained by the hospital or attending physician. 1

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07479	TH cm 2	CERTIFICA	TE OF	DEATH			07454
1.	PLACE OF DEATH	10011		1		ere deceased li		Residence before admission)
	a. COUNTY OREFST	GR	MARYLAN	IVI	HRULA	ND	b. COUNTY	REESTER
10	 b. CITY OR TOWN (if outside corpor write RURAL and give nearest to 	ate limits, c.	. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If outside	111		L and give nearest town)
3	13520114			1	DERICA	14 3	Snow Hill	
	d. NAME OF HOSPITAL OR INSTITUT	ION (if not In hosp	Ital, give street addre	ss) d. STRE	ET ADDRESS	-		e. IS RESIDENCE ON A FARM?
	BERLIN NURS	nna 1	+om5		17/1/4//h//	A/7 1	Bay St.	YES NO NO
3.	NAME DF	First	Middle	L	ast 4. [ATE F	Month	Day Year
11	DECEASED (Type or print)	ETTIE	A.	ME	ST	HTAB	MAY	2 19 67
5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years IFUNDE orthday) Months	R 1 YEAR IF UNDER 24 HRS.
13	F 114	WIDOWED X	DIVORCED	SERT	8,1880	86	yrs.	
	. USUAL OCCUPATION (Give kind of wor ing most of working life, even if reti		OF BUSINESS OR	11. BIS	RTHPLACE (County &	State, or forei	ign country) 12. (CITIZEN OF WHAT
-	HOUSEVILLE		KETD,	Co	ULBUUC	NEDI	ST. MID	U.S. A.
13.	FATHER'S NAME	1		14. MC	THER'S MAIDEN NA	ME .	0	
	BURTON	いしょうて		Barr	HETTIE	14.	KUAR	1(.
	. WAS DECEASED EVER IN U.S. ARMED I		CIALSECURITY NO.	17. INFORMA	NT	•	Address	M
, ,	110			1051	MILDRE	DIA	VIS PE	RLIN, MID
	18. CAUSE DF DEATH [Enter only of	one cause per line	for (a), (b), and (c).]			, .	0 1	INTERVAL BETWEEN
H	PART I. DEATH WAS CAUSED E IMMEDIATE CAUS	SY: CLE	rite,	my	nar	del	18	
	2222	E TO		X		1	+1	
	Conditions, If eny, which	(b) CK	rome	- yu	your	ra	MS	
	gave rise to immediate (JE TO	- 1)	1	,			-
_	underlying cause last.	(c)	chri	us				
ATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEAS	ECONDITION	GIVEN IN PART 1(a	PERFORMED
FIC	OOS ACCIDENT WAS INDEDIVING	1 2Db. DES	SCRIBE HOW INJURY	COURDED (E	ator nature of Infur	In Part I or	Part II of Item 1	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM	EATH MINER)	OCKIBE HOW INJUST	JCCORRED. (EI	iter nature or mjurj	III FOIL I OI	rait if of Item 1	0.,
CAL	2Dc. TIME OF INJURY Month, Day	, Year 20d. INJU	JRY OCCURRED 20e.	PLACE OF IN.	URY (Home, farm,	20f. (City o	r town) (Co	ounty) (State)
MEDICAL	Hour a.m. p.m. 1	9 While at work	Not While at work	actory, street,	office bldg., etc.)	5-	0/17	
2	21. I certify that (I) (this ho			5-1-	- 6 /19	- FO	2-6.19	, that (I) (we) last
	saw the deceased alive Dn	~	0 19 6 7and	that death o	courred : H	M, from the	causes and on	the date stated above.
	22a. SIGNATURE	-	1. 12/11				22b.	DATE SIGNED
	Clifford	6.	Chill	N.D. PHYS.		TOR PH	AFF YS.	
	22c. PHYSICIAN'S (P/L)	Word.	E. Seho	22d.	Berli	n >	nd.	
23		E THEREOF	23c. NAME OF CEME	TERY OR CRE	MATORY 23	d. LOCATIO	N (City, town or c	ounty) (Stete)
	REMOVAL (Specify) 5	5 57	BAPTIST	CHURC	LHYARD	SNO	MAIL	- MICE. /VID
24	. FUNERAL DIRECTOR	1	ADDRESS		25a. REC'D BY	REGISTRAR	- A-29 /	R'S SIGNATURE
	Anna A. B.	bose	Berlin	mo	DATEMAY 8	196	7 yelian	res judge.
			V					